



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 103954		2. Exact name of the Corporation ALL PHASE INSULATION, INC.			
3. Principal office address 300 Centerville Road, Summit East, Suite 330		City Warwick	State RI	Zip 02886	
4. Business Phone No. (401) 349-4575		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island INSTALLING INSULATION IN COMMERCIAL AND RESIDENTIAL BUILDINGS AND STRUCTERS					
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Timothy Charlonne			Vice-President Name Cheryl Charlonne		
Street Address 15 Crest Circle			Street Address 15 Crest Circle		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Timothy Charlonne			Treasurer Name Timothy Charlonne		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

FEB 01 2018

Check No

By:

BY

DZ 4631

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Timothy Charlonne

Print or Type Name of Authorized Representative